

Fill in this information to identify your case: DEC 3 0 2020	
DEC 3.0 2000	1
Gebtor 1 Gary Richard Grimm	
Debtor 2	
United States Bankruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA, PHILADELPHIA DIVISION	<i>*</i> • • • • • • • • • • • • • • • • • • •
Case number 17-10625 Check if this is:	
(0 Excession) An amended filling	
A supplement showing postpetitio income as of the following date:	n chapter 13
Official Form 106I	
Schedule I: Your Income	12/15
spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every Part 19 Describe Employment	
Fill in your employment information. Debtor 2 or non-filing spous	3
If you have more than one job, attach a separate page with Employment status	
attach a separate page with information about additional Information In	
Occupation Real estate management	
Include part-time, seasonal, or self-employed work. Employer's name Grimm Bros Realty Co.	
Occupation may include student or Employer's address homemaker, if it applies. 837 Swede St Norristown, PA 19401-3980	and the second s
How long employed there? 40 years	
Part 2: Give Details About Monthly Income	
Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-tunless you are separated.	filing spouse
If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you space, attach a separate sheet to this form.	need more
For Debtor 1 For Debtor 2 or non-filling spouse	<u></u>
	
List monthly gross wages, salary, and commissions (before all payroll	<u>A</u>

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Debtor 1		Grimm, Gary Richard		Case r	number (if known)	17-10625	
				For	Debtor 1		ofor 2 or ng spouse
	Сор	y line 4 here	4.	\$	_ 0.00		N/A
5.	List	all payroll deductions:					
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	S	N/A
	5b.	Mandatory contributions for retirement plans	5b.	5	0.00	\$	N/A
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	N/A
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	N/A
	5e.	Insurance	5e.	\$	0.00	\$	N/A
	5f.	Domestic support obligations	5f.	\$	0.00	\$	N/A
	5g.	Union dues	5g.	\$	0.00	\$	N/A
	5h.	Other deductions. Specify:	5h.+	\$	0.00	+ \$	N/A
6.	Ado	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$		S	N/A
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	athridania, mark	N/A
8.	List 8a.	tall other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	9 5	_i 283.03	· \$	N/A
	8b.	·	8b.	\$	0.00	\$	N/A
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	N/A
	3d.		8d.	\$	0.00	\$	N/A
	8e.	Social Security	8e.	\$	0.00	\$	N/A
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	1256.00	 7 S	N/A
	8g.		8g.	\$	0.00	s	N/A
	8h.	Other monthly income. Specify:	8h.÷	- \$_	0.00	+ \$	N/A
9.	Ado	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	24960	\$	N/A
10.		culate monthly income. Add line 7 + line 9. If the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.	10. \$	24	196.60 + s		N/A = \$
11.	Incl othe Do	Ite all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your dear friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not avaicify:	epender				∍ <i>J.</i> 11. +\$0.00
12.		d the amount in the last column of line 10 to the amount in line 11. The rest te that amount on the Summary of Schedules and Statistical Summary of Certain					
13.		you expect an increase or decrease within the year after you file this form?	?				Combined monthly income
		Yes. Explain: Beginning August 2019, Social Security income	e of \$1	420	per month		

Official Form 1061 Schedule I: Your income page 2

Fill i	n this information to identify your case:			•
Debi	or 1 Gary Richard Grimm	Che	ck if this is:	
			An amended filing	
Debi	tor 2		A supplement showi	ng postpetition chapter 13
(Spc	ouse, if filling)		expenses as of the f	ollowing date:
Unite	ed States Bankruptcy Court for the: EASTERN DISTRICT OF PENNSYLVA PHILADELPHIA DIVISION	NIA,	MM / DD / YYYY	Control of the second of the s
				*
1	e number 17-10625	,		The second secon
 Ot	fficial Form 106J		DEC 30 2	2020
	chedule J: Your Expenses		Maria Maria Maria	,
Be info (if k	as complete and accurate as possible. If two married people are filing ormation. If more space is needed, attach another sheet to this form. (cnown). Answer every question. Describe Your Household	together, both are equa On the top of any additio	lly responsible for s nal pages, write you	supplying correct ir name and case numbe
1.	Is this a joint case?			
	■ No. Go to line 2. ☐ Yes, Does Debtor 2 live in a separate household?			
	☐ No☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses for Se	parate Household of Debt	or 2.	
2.	Do you have dependents?			
	Do not list Debtor 1 and Yes. Fill out this information for Debtor 2.	ependent's relationship to obtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
	Do not state the	\$1.534.7754.2000.00.25.55.000		□ No
	dependents names.			☐ Yes
				□ No
				☐ Yes
				□ No
				☐ Yes
				□ No
3.	De vour expense include			☐ Yes
	Do your expenses include expenses of people other than yourself and your dependents?			
Est	t 2: Estimate Your Ongoing Monthly Expenses timate your expenses as of your bankruptcy filing date unless you are benses as of a date after the bankruptcy is filed. If this is a supplement policable date.			
vaf	lude expenses paid for with non-cash government assistance if you buse of such assistance and have included it on Schedule I: Your Incomficial Form 1061.)		Your exp	enses
4.	The rental or home ownership expenses for your residence. Include payments and any rent for the ground or lot.	e first mortgage 4.	\$	231.24
	If not included in line 4:			
	4a. Real estate taxes	4a.	\$	209.00
	4b. Property, homeowner's, or renter's insurance	4b.		67.50
	4c. Home maintenance, repair, and upkeep expenses	4c.	\$	40.00
	4d. Homeowner's association or condominium dues	4d.		0.00
5.	Additional mortgage payments for your residence, such as home eq	uity loans 5.	\$	/3 , ED

ebtor 1 Grimm, Gary Richard	Case number (if known)	17-10625
Utilities:		
6a. Electricity, heat, natural gas	6a. \$	100.00
6b. Water, sewer, garbage collection	6b. \$	60.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	0.00
6d. Other. Specify:	6d. \$	0.00
Food and housekeeping supplies	7. \$	180.00
Childcare and children's education costs	8. S	0.00
Clothing, laundry, and dry cleaning	9. \$	0.00
Personal care products and services	10. S	5.00
. Medical and dental expenses	11. \$	0.00
Transportation, Include gas, maintenance, bus or train fare.	W-1174_1-11	0,00
Do not include car payments.	12. \$	0.00
Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	60.00
Charitable contributions and religious donations	14. \$	0.00
Insurance.	material de la constitución de l	
Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	0.00
15b. Health insurance	15b. \$	0.00
15c. Vehicle insurance	15c. \$	0.00
15d. Other insurance, Specify:	15d. \$	0.00
Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.		
Specify:	16. \$	0.00
Installment or lease payments:		100 - 100 -
17a. Car payments for Vehicle 1	17a. \$	0.00
17b. Car payments for Vehicle 2	17b. \$	0.00
17c. Other, Specify:	17c. \$	0.00
17d. Other. Specify:	17d. \$	0.00
Your payments of alimony, maintenance, and support that you did not report a	lS	
deducted from your pay on line 5, Schedule I, Your Income (Official Form 106)).	. 18. \$	0.00
Other payments you make to support others who do not live with you.	\$	0.00
Specify:	19.	
Other real property expenses not included in lines 4 or 5 of this form or on Sch		
20a. Mortgages on other property	20a. \$	0.00
20b. Real estate taxes	20b. \$	0.00
20c. Property, homeowner's, or renter's insurance	20c. \$	0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
20e. Homeowner's association or condominium dues	20e. \$	0.00
Other: Specify:	21. +\$	0.00
. Calculate your monthly expenses		
22a, Add lines 4 through 21.	\$	631
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		G 31 F-1
22c. Add line 22a and 22b. The result is your monthly expenses.	\$	631.24
. Calculate your monthly net income.	L	
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	
23b. Copy your monthly expenses from line 22c above.	23b\$	1 1100 AA
, , , ,) and an an income who is	E-VH - V	<u></u>
23c. Subtract your monthly expenses from your monthly income.		2496.00
The result is your monthly net income.	23c. \$	181476
Do you expect an increase or decrease in your expenses within the year after y For example, do you expect to finish paying for your car loan within the year or do you expect y modification to the terms of your mortgage?	our mortgage payment to incr	rease or decrease because of a
Explain here: After removal of liens on debtor's residence will apply for a reverse mortgage. This will remove m	ce relating to Grimm lortagge payments	Brothers Realty Co. Debto